

REGISTER OF WAGE DETERMINATIONS UNDER
THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON, D.C. 20210

William W. Gross
Director

Division of Wage
Determinations

Wage Determination No.: 2005-2017

Revision No.: 5

Date of Last Revision: 07/05/2007

State: Alaska
Area: Alaska Statewide

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE

MINIMUM WAGE RATE

01000 - Administrative Support And Clerical Occupations

01011 - Accounting Clerk I	13 .46
01012 - Accounting Clerk II	16 .97
01013 - Accounting Clerk III	19 .02
01020 - Administrative Assistant	21 .89
01040 - Court Reporter	17 .92
01051 - Data Entry Operator I	12 .28
01052 - Data Entry Operator II	17 .14
01060 - Dispatcher, Motor Vehicle	19 .51
01070 - Document Preparation Clerk	15 .39
01090 - Duplicating Machine Operator	13 .38
01111 - General Clerk I	14 .80
01112 - General Clerk II	15 .56
01113 - General Clerk III	17 .51
01120 - Housing Referral Assistant	18 .57
01141 - Messenger Courier	14 .17
01191 - Order Clerk I	13 .94
01192 - Order Clerk II	15 .73
01261 - Personnel Assistant (Employment) I	17 .25
01262 - Personnel Assistant (Employment) II	19 .28
01263 - Personnel Assistant (Employment) III	22 .38
01270 - Production Control Clerk	21 .31
01280 - Receptionist	13 .00
01290 - Rental Clerk	15 .70
01300 - Scheduler, Maintenance	16 .01
01311 - Secretary I	16 .01
01312 - Secretary II	17 .92
01313 - Secretary III	18 .57

01320 - Service Order Dispatcher	15 .87
01410 - Supply Technician	21 .89
01420 - Survey Worker	17 .07
01531 - Travel Clerk I	14 .00
01532 - Travel Clerk II	15 .46
01533 - Travel Clerk III	17 .09
01611 - Word Processor I	14 .36
01612 - Word Processor II	16 .23
01613 - Word Processor III	17 .57

05000 - Automotive Service Occupations

05005 - Automobile Body Repairer, Fiberglass	22 .75
05010 - Automotive Electrician	22 .17
05040 - Automotive Glass Installer	20 .51
05070 - Automotive Worker	20 .51
05110 - Mobile Equipment Servicer	18 .40
05130 - Motor Equipment Metal Mechanic	22 .47
05160 - Motor Equipment Metal Worker	20 .51
05190 - Motor Vehicle Mechanic	22 .47
05220 - Motor Vehicle Mechanic Helper	17 .38
05250 - Motor Vehicle Upholstery Worker	20 .51
05280 - Motor Vehicle Wrecker	20 .51
05310 - Painter, Automotive	21 .44
05340 - Radiator Repair Specialist	20 .51
05370 - Tire Repairer	17 .78
05400 - Transmission Repair Specialist	22 .47

07000 - Food Preparation And Service Occupations

07010 - Baker	14 .89
07041 - Cook I	12 .82
07042 - Cook II	14 .72
07070 - Dishwasher	10 .99
07130 - Food Service Worker	11 .20
07210 - Meat Cutter	18 .27
07260 - Waiter/Waitress	10 .83

09000 - Furniture Maintenance And Repair Occupations

09010 - Electrostatic Spray Painter	21 .44
09040 - Furniture Handler	15 .78
09080 - Furniture Refinisher	21 .44
09090 - Furniture Refinisher Helper	17 .38
09110 - Furniture Repairer, Minor	19 .42
09130 - Upholsterer	21 .44

11000 - General Services And Support Occupations

11030 - Cleaner, Vehicles	10 .78
11060 - Elevator Operator	11 .07
11090 - Gardener	15 .93
11122 - Housekeeping Aide	13 .52
11150 - Janitor	13 .36
11210 - Laborer, Grounds Maintenance	13 .26
11240 - Maid or Houseman	10 .96
11260 - Pruner	12 .19
11270 - Tractor Operator	15 .03
11330 - Trail Maintenance Worker	13 .26
11360 - Window Cleaner	14 .76

12000 - Health Occupations

12010 - Ambulance Driver	21 .43
12011 - Breath Alcohol Technician	17 .95
12012 - Certified Occupational Therapist Assistant	16 .90
12015 - Certified Physical Therapist Assistant	16 .90
12020 - Dental Assistant	16 .97
12025 - Dental Hygienist	33 .75
12030 - EKG Technician	27 .18
12035 - Electroneurodiagnostic Technologist	27 .18
12040 - Emergency Medical Technician	21 .43
12071 - Licensed Practical Nurse I	16 .04
12072 - Licensed Practical Nurse II	17 .95
12073 - Licensed Practical Nurse III	20 .01
12100 - Medical Assistant	15 .08
12130 - Medical Laboratory Technician	20 .78
12160 - Medical Record Clerk	14 .66
12190 - Medical Record Technician	15 .36
12195 - Medical Transcriptionist	17 .74
12210 - Nuclear Medicine Technologist	32 .84
12221 - Nursing Assistant I	11 .13
12222 - Nursing Assistant II	12 .51
12223 - Nursing Assistant III	13 .66
12224 - Nursing Assistant IV	15 .33
12235 - Optical Dispenser	18 .54
12236 - Optical Technician	16 .03
12250 - Pharmacy Technician	15 .84
12280 - Phlebotomist	16 .49
12305 - Radiologic Technologist	27 .08
12311 - Registered Nurse I	24 .41

12312 - Registered Nurse II	29 .87
12313 - Registered Nurse II, Specialist	29 .87
12314 - Registered Nurse III	36 .12
12315 - Registered Nurse III, Anesthetist	36 .12
12316 - Registered Nurse IV	43 .32
12317 - Scheduler (Drug and Alcohol Testing)	22 .22

13000 - Information And Arts Occupations

13011 - Exhibits Specialist I	21 .09
13012 - Exhibits Specialist II	25 .29
13013 - Exhibits Specialist III	30 .90
13041 - Illustrator I	21 .09
13042 - Illustrator II	25 .29
13043 - Illustrator III	30 .90
13047 - Librarian	25 .66
13050 - Library Aide/Clerk	14 .89
13054 - Library Information Technology Systems Administrator	23 .84
13058 - Library Technician	19 .63
13061 - Media Specialist I	16 .71
13062 - Media Specialist II	18 .70
13063 - Media Specialist III	20 .85
13071 - Photographer I	18 .97
13072 - Photographer II	23 .82
13073 - Photographer III	24 .84
13074 - Photographer IV	30 .36
13075 - Photographer V	31 .91
13110 - Video Teleconference Technician	15 .23

14000 - Information Technology Occupations

14041 - Computer Operator I	16 .09
14042 - Computer Operator II	17 .14
14043 - Computer Operator III	24 .42
14044 - Computer Operator IV	25 .98
14045 - Computer Operator V	27 .62
14071 - Computer Programmer I (1)	24 .29
14072 - Computer Programmer II (1)	27 .62
14073 - Computer Programmer III (1)	27 .62
14074 - Computer Programmer IV (1)	27 .62
14101 - Computer Systems Analyst I (1)	27 .62
14102 - Computer Systems Analyst II (1)	27 .62
14103 - Computer Systems Analyst III (1)	27 .62
14150 - Peripheral Equipment Operator	16 .62
14160 - Personal Computer Support Technician	25 .98

15000 - Instructional Occupations

15010 - Aircrew Training Devices Instructor (Non-Rated)	29 .22
15020 - Aircrew Training Devices Instructor (Rated)	35 .35
15030 - Air Crew Training Devices Instructor (Pilot)	42 .32
15050 - Computer Based Training Specialist / Instructor	30 .74
15060 - Educational Technologist	22 .49
15070 - Flight Instructor (Pilot)	33 .42
15080 - Graphic Artist	25 .25
15090 - Technical Instructor	19 .94
15095 - Technical Instructor/Course Developer	24 .39
15110 - Test Proctor	17 .92
15120 - Tutor	17 .92

16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations

16010 - Assembler	10 .25
16030 - Counter Attendant	10 .25
16040 - Dry Cleaner	13 .06
16070 - Finisher, Flatwork, Machine	10 .25
16090 - Presser, Hand	10 .25
16110 - Presser, Machine, Drycleaning	10 .25
16130 - Presser, Machine, Shirts	10 .25
16160 - Presser, Machine, Wearing Apparel, Laundry	10 .25
16190 - Sewing Machine Operator	13 .99
16220 - Tailor	14 .94
16250 - Washer, Machine	11 .18

19000 - Machine Tool Operation And Repair Occupations

19010 - Machine-Tool Operator (Tool Room)	23 .33
19040 - Tool And Die Maker	29 .04

21000 - Materials Handling And Packing Occupations

21020 - Forklift Operator	17 .80
21030 - Material Coordinator	21 .31
21040 - Material Expediter	21 .31
21050 - Material Handling Laborer	16 .29
21071 - Order Filler	15 .20
21080 - Production Line Worker (Food Processing)	17 .80
21110 - Shipping Packer	17 .20
21130 - Shipping/Receiving Clerk	17 .20
21140 - Store Worker I	13 .66
21150 - Stock Clerk	18 .50
21210 - Tools And Parts Attendant	19 .16
21410 - Warehouse Specialist	17 .80

23000 - Mechanics And Maintenance And Repair Occupations

23010 - Aerospace Structural Welder	27 .62
23021 - Aircraft Mechanic I	26 .11
23022 - Aircraft Mechanic II	27 .62
23023 - Aircraft Mechanic III	29 .13
23040 - Aircraft Mechanic Helper	20 .47
23050 - Aircraft, Painter	25 .92
23060 - Aircraft Servicer	22 .87
23080 - Aircraft Worker	24 .05
23110 - Appliance Mechanic	23 .05
23120 - Bicycle Repairer	17 .78
23125 - Cable Splicer	31 .61
23130 - Carpenter, Maintenance	25 .56
23140 - Carpet Layer	23 .80
23160 - Electrician, Maintenance	28 .36
23181 - Electronics Technician Maintenance I	23 .33
23182 - Electronics Technician Maintenance II	30 .22
23183 - Electronics Technician Maintenance III	32 .77
23260 - Fabric Worker	21 .26
23290 - Fire Alarm System Mechanic	23 .52
23310 - Fire Extinguisher Repairer	19 .77
23311 - Fuel Distribution System Mechanic	28 .42
23312 - Fuel Distribution System Operator	24 .75
23370 - General Maintenance Worker	20 .43
23380 - Ground Support Equipment Mechanic	26 .11
23381 - Ground Support Equipment Servicer	22 .87
23382 - Ground Support Equipment Worker	24 .05
23391 - Gunsmith I	19 .77
23392 - Gunsmith II	22 .75
23393 - Gunsmith III	25 .73
23410 - Heating, Ventilation And Air-Conditioning Mechanic	25 .58
23411 - Heating, Ventilation And Air Conditioning Mechanic (Research Facility)	28 .62
23430 - Heavy Equipment Mechanic	27 .63
23440 - Heavy Equipment Operator	27 .85
23460 - Instrument Mechanic	25 .73
23465 - Laboratory/Shelter Mechanic	24 .23
23470 - Laborer	13 .72
23510 - Locksmith	22 .55
23530 - Machinery Maintenance Mechanic	27 .44
23550 - Machinist, Maintenance	24 .38
23580 - Maintenance Trades Helper	17 .38
23591 - Metrology Technician I	25 .73

23592 - Metrology Technician II	27 .22
23593 - Metrology Technician III	28 .71
23640 - Millwright	26 .23
23710 - Office Appliance Repairer	23 .24
23760 - Painter, Maintenance	22 .67
23790 - Pipefitter, Maintenance	29 .33
23810 - Plumber, Maintenance	28 .00
23820 - Pneudraulic Systems Mechanic	25 .73
23850 - Rigger	25 .73
23870 - Scale Mechanic	22 .75
23890 - Sheet-Metal Worker, Maintenance	27 .48
23910 - Small Engine Mechanic	22 .75
23931 - Telecommunications Mechanic I	25 .47
23932 - Telecommunications Mechanic II	29 .10
23950 - Telephone Lineman	28 .33
23960 - Welder, Combination, Maintenance	24 .35
23965 - Well Driller	25 .73
23970 - Woodcraft Worker	25 .73
23980 - Woodworker	20 .12
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	12 .47
24580 - Child Care Center Clerk	15 .54
24610 - Chore Aide	13 .76
24620 - Family Readiness And Support Services Coordinator	14 .74
24630 - Homemaker	18 .94
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	26 .60
25040 - Sewage Plant Operator	25 .36
25070 - Stationary Engineer	26 .60
25190 - Ventilation Equipment Tender	18 .91
25210 - Water Treatment Plant Operator	25 .36
27000 - Protective Service Occupations	
27004 - Alarm Monitor	19 .71
27007 - Baggage Inspector	14 .00
27008 - Corrections Officer	24 .74
27010 - Court Security Officer	23 .89
27030 - Detection Dog Handler	17 .17
27040 - Detention Officer	24 .74
27070 - Firefighter	20 .42
27101 - Guard I	14 .00

27102 - Guard II	17 .17
27131 - Police Officer I	29 .17
27132 - Police Officer II	32 .38
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	14 .59
28042 - Carnival Equipment Repairer	15 .47
28043 - Carnival Equipment Worker	11 .99
28210 - Gate Attendant/Gate Tender	12 .36
28310 - Lifeguard	11 .11
28350 - Park Attendant (Aide)	13 .94
28510 - Recreation Aide/Health Facility Attendant	10 .09
28515 - Recreation Specialist	22 .53
28630 - Sports Official	11 .11
28690 - Swimming Pool Operator	21 .90
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	24 .08
29020 - Hatch Tender	24 .08
29030 - Line Handler	24 .08
29041 - Stevedore I	27 .49
29042 - Stevedore II	30 .43
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (2)	32 .97
30011 - Air Traffic Control Specialist, Station (HFO) (2)	22 .73
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)	25 .03
30021 - Archeological Technician I	18 .31
30022 - Archeological Technician II	20 .58
30023 - Archeological Technician III	25 .42
30030 - Cartographic Technician	28 .89
30040 - Civil Engineering Technician	26 .62
30061 - Drafter/CAD Operator I	21 .97
30062 - Drafter/CAD Operator II	27 .28
30063 - Drafter/CAD Operator III	27 .58
30064 - Drafter/CAD Operator IV	28 .75
30081 - Engineering Technician I	20 .65
30082 - Engineering Technician II	25 .56
30083 - Engineering Technician III	28 .25
30084 - Engineering Technician IV	30 .02
30085 - Engineering Technician V	34 .62
30086 - Engineering Technician VI	41 .61
30090 - Environmental Technician	20 .12

30210 - Laboratory Technician	21 .99
30240 - Mathematical Technician	28 .75
30361 - Paralegal/Legal Assistant I	21 .82
30362 - Paralegal/Legal Assistant II	26 .90
30363 - Paralegal/Legal Assistant III	32 .90
30364 - Paralegal/Legal Assistant IV	40 .01
30390 - Photo-Optics Technician	30 .02
30461 - Technical Writer I	16 .71
30462 - Technical Writer II	20 .43
30463 - Technical Writer III	29 .84
30491 - Unexploded Ordnance (UXO) Technician I	20 .95
30492 - Unexploded Ordnance (UXO) Technician II	25 .35
30493 - Unexploded Ordnance (UXO) Technician III	30 .39
30494 - Unexploded (UXO) Safety Escort	20 .95
30495 - Unexploded (UXO) Sweep Personnel	20 .95
30620 - Weather Observer, Combined Upper Air Or Surface Programs (2)	23 .10
30621 - Weather Observer, Senior (2)	30 .60
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	10 .45
31030 - Bus Driver	19 .13
31043 - Driver Courier	17 .79
31260 - Parking and Lot Attendant	13 .19
31290 - Shuttle Bus Driver	17 .89
31310 - Taxi Driver	15 .74
31361 - Truckdriver, Light	17 .89
31362 - Truckdriver, Medium	19 .85
31363 - Truckdriver, Heavy	20 .84
31364 - Truckdriver, Tractor-Trailer	20 .84
99000 - Miscellaneous Occupations	
99030 - Cashier	12 .27
99050 - Desk Clerk	14 .09
99095 - Embalmer	20 .95
99251 - Laboratory Animal Caretaker I	11 .22
99252 - Laboratory Animal Caretaker II	19 .02
99310 - Mortician	20 .95
99410 - Pest Controller	20 .48
99510 - Photofinishing Worker	11 .55
99710 - Recycling Laborer	19 .54
99711 - Recycling Specialist	26 .98
99730 - Refuse Collector	18 .99
99810 - Sales Clerk	13 .82

99820 - School Crossing Guard	16 .06
99830 - Survey Party Chief	26 .44
99831 - Surveying Aide	17 .60
99832 - Surveying Technician	24 .04
99840 - Vending Machine Attendant	15 .46
99841 - Vending Machine Repairer	18 .10
99842 - Vending Machine Repairer Helper	15 .46

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of eleven paid holidays per year: New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government

contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A link to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE (Standard Form 1444 (SF 1444))

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 7 and the release on page 8. *If you have any questions*, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, section 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include

documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR
PUBLIC TRUST POSITIONS

Form approved:
O.M.B. No. 3206-0191
NSN 7540-01-317-7372
85-1702

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compul/ADP	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address				ZIP Code	
L SOI	M Location of Security Folder	None At SOI NPI	Other Address				ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

- 1 FULL NAME** • If you have only initials in your name, use them and state (IO). • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. **2 DATE OF BIRTH**

Last Name First Name Middle Name Jr., II, etc. Month Day Year

- 3 PLACE OF BIRTH** • Use the two letter code for the State. **4 SOCIAL SECURITY NUMBER**

City County State Country (if not in the United States)

5 OTHER NAMES USED

Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.

#1 Name	Month/Year	Month/Year	#3 Name	Month/Year	Month/Year
	To			To	
#2 Name	Month/Year	Month/Year	#4 Name	Month/Year	Month/Year
	To			To	

- 6 OTHER IDENTIFYING INFORMATION** Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (mark one box) ☐ Female ☐ Male

- 7 TELEPHONE NUMBERS** Work (include Area Code and extension) Home (include Area Code)
 () Day () Night () Day () Night ()

- 8 CITIZENSHIP**
 a Mark the box at the right that reflects your current citizenship status, and follow its instructions.
 I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession → Answer items **b** and **d**
 I am a U.S. citizen, but I was NOT born in the U.S. → Answer items **b**, **c**, and **d**
 I am not a U.S. citizen. → Answer items **b** and **e**
 b Your Mother's Maiden Name

- c UNITED STATES CITIZENSHIP** If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court City State Certificate Number Month/Day/Year Issued

Citizenship Certificate (Where was the certificate issued?)

City State Certificate Number Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed. Month/Day/Year Explanation

U.S. Passport

This may be either a current or previous U.S. Passport. Passport Number Month/Day/Year Issued

- d DUAL CITIZENSHIP** If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country

- e ALIEN** If you are an alien, provide the following information:

Place You Entered the United States: City State Date You Entered U.S. Month Day Year Alien Registration Number Country(ies) of Citizenship

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To Present					
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 - High School
 - 2 - College/University/Military College
 - 3 - Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
					Telephone Number ()
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#2	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
					Telephone Number ()
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#3	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
					Telephone Number ()

Enter your Social Security Number before going to the next page

1 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	To	Present				
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#2	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#3	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Enter your Social Security Number before going to the next page



YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#4		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Position Title		Supervisor			
To									

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#5		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Position Title		Supervisor			
To									

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#6		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Position Title		Supervisor			
To									

12

YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years ? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job

2 - Quit a job after being told you'd be fired

3 - Left a job by mutual agreement following allegations of misconduct

4 - Left a job by mutual agreement following allegations of unsatisfactory performance

5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	Zip Code

Enter your Social Security Number before going to the next page →

3 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night ()	State	ZIP Code
Home or Work Address	City (Country)			

Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night ()	State	ZIP Code
Home or Work Address	City (Country)			

Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night ()	State	ZIP Code
Home or Work Address	City (Country)			

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

<input type="checkbox"/> 1 - Never married (go to question 15)	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- | | | | |
|---------------------|----------------|--------------------------|---------------|
| 1 - Mother (first) | 3 - Stepmother | 5 - Foster Parent | 7 - Stepchild |
| 2 - Father (second) | 4 - Stepfather | 6 - Child (adopted also) | |

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page →

16	YOUR MILITARY HISTORY	Yes	No
a	Have you served in the United States military?		
b	Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:
 1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard
- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.
- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.
- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
To										
To										

17	YOUR SELECTIVE SERVICE RECORD	Yes	No
a	Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
b	Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number Legal Exemption Explanation

18	YOUR INVESTIGATIONS RECORD	Yes	No
a	Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency
 1 - Defense Department 4 - FBI
 2 - State Department 5 - Treasury Department
 3 - Office of Personnel Management 6 - Other (Specify)

Codes for Security Clearance Received
 0 - Not Required 3 - Top Secret 6 - L
 1 - Confidential 4 - Sensitive Compartmented Information 7 - Other
 2 - Secret 5 - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b	To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No
----------	--	------------	-----------

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19	FOREIGN COUNTRIES YOU HAVE VISITED		
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)			

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD (Do not include anything that happened before your 16th birthday.)					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code	

21 ILLEGAL DRUGS			Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.				
a	In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?			
b	In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?			
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.				
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used	
To				
To				

22 YOUR FINANCIAL RECORD					Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.						
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	
b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.						
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code		

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 8.

Certification That My Answers Are True	
My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).	
Signature (Sign in ink)	Date
Enter your Social Security Number before going to the next page →	

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number	
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number	
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code) ()

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
 LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

**USOPM000Z
OPM
BOYERS, PA**

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
 Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT

WGHT

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

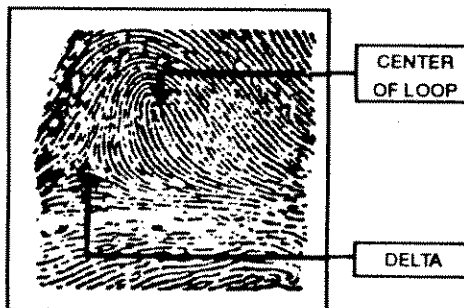
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

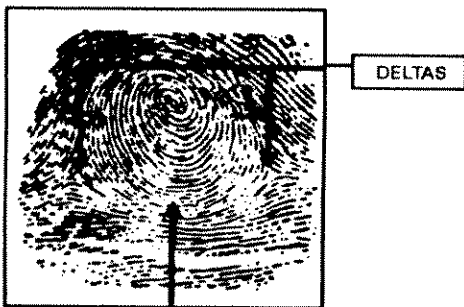
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WHICH WILL BE MADE OF IT.
 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. [AR], PORT SECURITY CARD NO. [PS], SELECTIVE SERVICE NO. [SS] VETERANS' ADMINISTRATION CLAIM NO. [VA].

BUSINESS DECLARATION

K-1

Tax Identification
No.:

1. Name of Firm: _____
2. Address of Firm: _____
3. Telephone Number of Firm: _____
4. a. Name of Person Making Declaration _____
- b. Telephone Number of Person Making Declaration _____
- c. Position Held in the Company _____
5. Controlling Interest in Company ("X" all appropriate boxes)
- ☐ a. Black American ☐ b. Hispanic American ☐ c. Native American ☐ d. Asian American
- ☐ e. Other Minority (Specify) _____ ☐ f. Other (Specify) _____
- ☐ g. Female ☐ h. Male ☐ i. 8(a) Certified (Certification letter attached) ☐ j. Service Disabled Veteran Small
6. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes ☐ b. No (If "NO," provide the name and telephone number of the person who has this authority.) _____

7. Nature of Business (Specify all services/products (NAIC)) _____
8. (a) Years the firm has been in business: _____ (b) No. of Employees _____
9. Type of Ownership: ☐ a. Sole Ownership ☐ b. Partnership
- ☐ c. Other (Explain) _____
10. Gross receipts of the firm for the last three years:
- | | | | |
|-------------------------|------------------|-------------------------|---------------------------|
| a.2. Year Ending: _____ | b.2. Gross _____ | a.1. Year Ending: _____ | b.1. Gross Receipts _____ |
| | | a.3. Year Ending: _____ | b.3. Gross Receipts _____ |
11. Is the firm a small business? ☐ a. Yes ☐ b. No
12. Is the firm a service disabled veteran owned small business? ☐ a. Yes ☐ b. No
13. Is the firm a socially and economically disadvantaged small business? ☐ a. Yes ☐ b. No

***I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING _____
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.
I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS
OF 18 USCS 1001.***

14. a. Signature _____ b. Date: _____
- c. Typed Name _____ d. Title: _____